

case study



may 2010



- family medicine
- chiropractic/active release technique
- nutrition consulting
- physiotherapy
- acupuncture
- registered massage therapy
- naturopath
- laser hair removal
- orthotics

TINNITUS

A LOOK AT AN ONGOING CASE IN THE SEARCH FOR A RESOLUTION

By Regan Walker, RMT



WHAT IS TINNITUS

Tinnitus is defined as the perception of sound in the absence of corresponding external stimuli. It is most often described as a ringing in the ears but may also be described as a hissing, roaring, buzzing, or humming sound. The perceived sound may be constant or intermittent, unilateral or bilateral. Tinnitus is a condition that will affect approximately one third of all adults, most commonly between the ages of 40 to 70, at some point in their life. About ten to fifteen percent will experience prolonged tinnitus requiring medical evaluation.

The most common causes seem to be hypertension, arteriosclerosis, head injury, allergies, side effects of medication, and inflammation or infection of structures with in the ear.

The physiologic mechanism of tinnitus is largely unknown but possible reasons people experience this subjective perception of sound are; abnormal firing of the nerves responsible for the detection of sound, dysfunction of neurotransmitters with in the ear, ionic imbalances, damage to the auditory nerve, or alteration in the region of the brain responsible for the processing of auditory signals.

Currently there is no specific treatment for tinnitus. Patients typically undergo evaluations in an attempt to determine the underlying cause of their symptoms but more often than not the cause remains unknown. In these cases the patient's symptoms may either resolve spontaneously or persist indefinitely.

PATIENT INFORMATION

L.P. is a 38 year old female who on top of tinnitus presented with headaches, chronic

diffuse back pain, difficulty sleeping, visual impairments, and significant allergies.

L.P. works at a computer station and has a history of multiple car accidents. At the onset of treatment she performed minimal amounts of physical activity, had very poor eating habits, and smoked between 1-3 cigarettes per day.

My physical assessment of L.P. revealed findings consistent with her activities of daily living, lifestyle choices and traumatic events. These include anteriorly rotated shoulders, hypertonic musculature of the upper back and neck, ligamentous strain throughout the cervical spine, and restriction of motion throughout the head and neck.

I found great significance in the fact that during my physical examination a significantly large indentation was found in the right temporal/parietal region of the skull, resulting from the use of forceps during birth, and that a long history of chronic ear pain and infections had pre-existed the onset of tinnitus dating back to early childhood.

RELEVANCE OF FINDINGS

Our auditory system is dependant on the proper functioning, positioning, and communication of a delicate system of structures with in our cranium including nerves, arteries, veins, lymphatic's, bones, and connective tissue.

The deformation in L.P.'s skull, caused by the use of forceps at birth, will inevitably have a direct impact on the underlying structures of the cranium and therefore the ability of the auditory system to operate properly.

TREATMENT

In order to affect what I believed to be a significant contributing factor in L.P.'s symptoms I first had to look at the alignment of her entire skeletal system and try to resolve any asymmetries found.

I next addressed the soft tissues that were contributing to the presenting holding patterns. Besides affecting these tissues manually it was important for L.P. to make significant changes through diet, exercise, and work station ergonomics.

I next looked at mobility and motion of all cranial bones and proceeded to normalize any irregularities.

I then focused on techniques that would help the body to integrate and maintain the changes that were made.

RESULTS

L.P. has been working with a number of different health care modalities including chiropractics, naturopathy, traditional Chinese medicine, and the advice of a registered dietician.

So far there has been a significant change in diet, exercise, and her physical structure.

Although her tinnitus has not been resolved yet there have been changes such as frequency, duration, and pitch.

As this is an ongoing case study I hope to see further changes with continued treatment.

For information on any of our Clinic services please email info@adelaideclinic.com or call 416-367-5200.